



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

For: **Implantable Cardiac Lead Having )**  
**Removable Fluid Delivery Port )**

Examiner:

## **TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT**

In accordance with 37 C.F.R. §1.56, the materials listed on the attached form PTO-1449 are being brought to the attention of the Examiner for consideration in connection with the examination of the above-identified patent application.

This Information Disclosure Statement submitted herewith is being filed within three months of the filing date of the above-identified application or date of entry into the national stage of an international application related thereto, or, to the best of Applicants' knowledge, before the mailing date of the first Office Action on the merits, whichever occurs last.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.

Edith D. Sillman  
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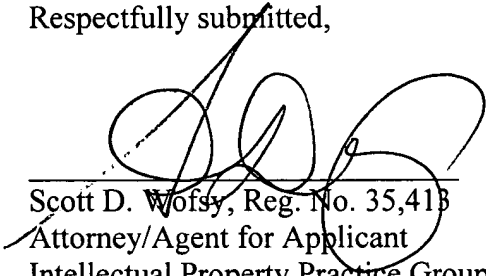
The filing of this Information Disclosure Statement shall not be construed to be a representation that a search has been conducted, nor shall it be construed as an admission that the information cited in the statement is, or is considered to be, material to patentability as defined in 37 C.F.R. §1.56(b).

It is respectfully requested that the Examiner return a copy of the attached form PTO-1449 with initials or other appropriate marks indicating consideration of the cited materials.

Respectfully submitted,

Date: \_\_\_\_\_

12/5/3



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Commissioner for Patents

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Serial No. 10/623,200

FORM PTO-1449

ATTY DOCKET NO.

SERIAL NO.

(49363) 58952

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## INFORMATION DISCLOSURE STATEMENT

APPLICANT(S): Thomas P. OSYPKA

FILING DATE:

ART UNIT:

07/18/2003

3739

## UNITED STATES PATENT DOCUMENTS

EXAM. INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUB CLASS	FIL. DATE IF APPR
	AA	6,540,765 B1	04/01/2003	Malacoff			

## FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUB CLASS	TRAN YES/NO

## OTHER DOCUMENTS (INCLUDING AUTHOR, TITLE, DATE, PERTINENT PAGES, ETC.)


Examiner:

Date: